MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

May 2002

DATA SYSTEMS & ANALYSIS

Data Base and Software Development

Ambulatory Surgery Surveys
The Ambulatory Surgery Survey continues to proceed according to schedule. 103 facilities have completed the survey. Staff expects the remaining 180 facilities to complete the survey within the allotted 45 day time period that ends on June 3rd.

Medical Care Data Base Submissions for 2001
Staff is making final preparations for the 2001 Medical Care Data base submissions that are due by June 30, 2002. For the 2001 submission, the number of payers submitting will fall below 35 due to continued consolidation in the market. The five largest payers including Carefirst, MAMSI, Aetna, Kaiser, and United Health Care will account for about 95 percent of the claim volume.

Maryland Sub-Acute Care Data Collection
Maryland sub-acute facilities submit information on discharges to the Commission on a quarterly basis. This information is used internally for long-term care bed need projections, but planning for other studies on utilization is now underway. The data collection was originally designed to parallel the collection of information on discharges from acute care hospitals by the Health Services Cost Review Commission (HSCRC). Recently a number of facilities have met with staff to request modifications to the survey due to the resources required to complete the reports. Staff developed a revised data collection instrument and is working with the software developer to implement the revisions. Plans call for MHCC to have the software changes ready to support the facilities' data collection in the 4th quarter of 2002.

Physician License Renewal Application
Staff has completed the Board of Physician Quality Assurance (BPQA) Online Medical License Renewal Application (OMLRA) and is preparing for final physician testing. OMLRA is a web-based electronic application that allows physicians to renew their medical license over the Internet. The application collects the data directly into a SQL database and eliminates the need for paper applications and posting of data entry by BPQA personnel. The application also offers physicians a secure electronic check payment option to pay the renewal fee over the Internet. Physicians also maintain the option of sending a check or having a third party make payment for them. This application will eliminate MHCC data-entry costs associated with processing our questions on the renewal form. A demonstration of this application will be presented during the Commission meeting. The application is on schedule for release to physicians during annual renewal period beginning in July.

Cost and Quality Analysis

Prescription Drug Spending

Staff is analyzing changes in prescription drug spending using the prescription drug component of the 2000 Medical Care Data Base. The analysis will examine growth in prescription drug spending per insured patient between 1999 and 2000. Changes in expenditures for two categories of heavily prescribed prescription drugs — 2nd generation anti-histamines and Cox-2 inhibitors used in the treatment of arthritis — will be examined in greater detail. The analysis will be released as part of the Commission's spotlight series in midsummer.

Colon Cancer Screening

Commission staff completed a series of statistical analyses examining utilization of colorectecal screening procedures in the insured populations over 50 years old for the Center for Cancer Surveillance and Control (CCSC) at DHMH. Our effort is the first attempt to collaborate with the CCSC. If the work proves useful, these reports may evolve into a more formal data sharing arrangement with CCSC. CCSC maintains the state cancer registry and is currently working with local health departments to raise public awareness of colon cancer and to increase use of colorectal screening. Staff will keep the Commission informed of future developments in this area.

EDI Programs and Payer Compliance

EHN Certification

The staff reviewed the certification process with a number of small electronic health networks that serve the Medical Assistance program in Maryland. Many of these EHNs hope to expand business to commercial payers post-HIPAA. Firms are governed by the certification regulations if they submit transactions to private payers, either MCOs serving the Medicaid population, or insurers covering the privately insured population. Staff is working with the small networks to ensure that they are aware of the certification requirements before they make business decisions to pursue private insurer business lines.

EDI Promotion and HIPAA Awareness

Staff has agreed to participate in a number of EDI promotion and Health Insurance Portability and Accountability Act of 1996 (HIPAA) awareness programs in the coming months including annual conferences held by MedChi, the Maryland Academy of Pediatrics, the Maryland Psychological Association, the Maryland Chiropractic Association, and the Maryland State Dental Society. Staff will promote EDI adoption and provide an overview of HIPAA privacy and transaction standards at each association's conference.

2001 EDI Progress Report

Commission staff supported staff from CareFirst Blue Cross Blue Shield, MAMSI, Great-West Life & Annuity Company, and United Healthcare in completing the 2001 EDI Progress Reports. Payers with premium volume equal to or exceeding one million dollars are required to submit an EDI Progress Report to the Commission on or before June 30th of each year.

Institutional Review Board

The Institutional Review Board (IRB) considered an application for use of MHCC data. The application sought release for general research use. MHCC regulations require the board to balance risk versus benefit on the release. The IRB recommended that the applicant consider submitting a request for a specific research project.

PERFORMANCE & BENEFITS

Benefits and Analysis

Comprehensive Standard Health Benefit Plan (CSHBP)
At the October 2001 meeting, the Commission voted on proposed benefit changes to the CSHBP. The Commission adopted the provisions of HB 160 (coverage for hearing aids for children) into the CSHBP with a clarification in the regulations that coverage is limited to a minor child, defined as a child ages 0 to 18 years. These proposed regulations were posted in the *Maryland Register* at the end of December for the 45-day comment period. At the February 2002 meeting, the Commission adopted the regulations as final so that the benefit changes can be implemented on July 1, 2002.

Commission staff is in the process of preparing the analysis of the annual financial surveys submitted by all carriers participating in the small group market in Maryland. This analysis of the survey results includes number of lives covered, number of employer groups purchasing the CSHBP, loss ratios, average premiums as they relate to the 12-percent affordability cap, etc. Staff will present the complete report at the June Commission meeting.

Study of the Small Group Market
In order to implement a recommendation from the HMA consultant's report comparing Maryland's small group market to other states, the General Assembly leadership passed SB 888 and HB 1427. These bills become effective on October 1, 2002 and reduce the self-employed open enrollment from the current offerings of twice a year to one time per year. The Maryland Insurance Administration (MIA) regulations will need to be revised to implement this change. Any other recommendations from Dr. Wick's report would be subject to future study and would not require legislative change.

Evaluation of Mandated Health Insurance Services
At the December 2001 meeting, the Commission approved the mandated benefits report prepared by our actuarial consultant, William M. Mercer, Inc., (Mercer) for public release. The final report was sent to the General Assembly in January 2002. It is available on the Commission's website at: (http://www.mhcc.state.md.us/cshbp/mandates/finalmercerreport.pdf. Printed copies also are available from Commission staff. Legislators have until July 1, 2002 to request an evaluation of mandated insurance services as to their fiscal, medical and social impact. To date, one evaluation has been submitted – requiring insurers to provide coverage for mental health treatment for children over a certain time period. In addition, all proposed mandated benefits that either passed or failed during the 2002 General Assembly session will be evaluated in the upcoming report.

Substantial Available and Affordable Coverage (SAAC)
Legislation passed by the 2001 Maryland General Assembly freezes the existing differential provisions of the SAAC product administered by the HSCRC through June 30, 2003. Regulations to conform the SAAC benefit plan to the CSHBP became effective with open enrollment periods beginning December 1, 2000. At the October 2000 meeting, the Commission approved regulations to further conform the SAAC benefit plan to reflect changes to the CSHBP that became effective July 1, 2001.

Currently, there are three carriers participating in the SAAC market. However, Aetna and Optimum Choice, Inc. have notified the MIA and the HSCRC that they are no longer accepting enrollees through open enrollment. Both carriers are considering leaving the market altogether.

Finally, CareFirst is eliminating the FreeState and Delmarva HMOs from the SAAC market, the non-group (individual) market, and the small group market. CareFirst is having an open enrollment for its PPO and PPN products throughout May 2002.

The General Assembly has enacted and the Governor has signed HB 1228 (this year) under which the SAAC program and the Short-Term Prescription Drug Subsidy Program will be replaced with the Maryland Health Insurance Plan Fund and Senior Prescription Drug Program. Both will be administered by the newly-created Maryland Health Insurance Plan (MHIP), an independent agency within the MIA. The MHIP Fund is financed through a proportionate assessment on hospital net patient revenue that would equal the CY 2002 SAAC funding. The new program is required to be operational on July 1, 2003, and hospitals must begin paying the assessment as of April 1, 2003, in order to fund the start-up. The MHIP Board is responsible for running the programs. Carriers must report to the MIA the number of applications for medically underwritten individual policies that they have declined. The Senior Prescription Drug Program is funded through enrollee premiums and a subsidy by a nonprofit health service plan (CareFirst) not to exceed its premium tax exemption. The MHCC is no longer responsible for developing the benefit plan.

Legislative and Special Projects

Nursing Home Report Card
Chapter 382 (SB 740) of 1999 requires the Commission, in consultation with the Department of Health and Mental Hygiene and the Department of Aging, to develop a system to comparatively evaluate the quality of care and performance of nursing facilities. The web-based Nursing Home Performance Evaluation Guide is available through the Commission's website by following this link: http://209.219.237.235/ . An updated version of the Guide is now available and includes a revised Deficiency Information page, updated data from the Minimum Data Set and the MHCC Long Term Survey, as well as an advanced search capability, allowing consumers to search by facility characteristics and certain services.

The Commission is participating in a pilot program currently underway that is sponsored by the federal Centers for Medicare and Medicaid Services. Eight of the nine newly developed quality measures are now being displayed on the Maryland Guide in the same format as the current Quality Indicators are, utilizing the symbols that separate the top 20%, bottom 10% and all others.

Hospital/Ambulatory Surgical Facility Report Card
Chapter 657 (HB 705) of 1999 requires the Commission to develop similar performance reports on hospitals and ambulatory surgical facilities (ASFs). The required progress report has been forwarded to the General Assembly. The Commission has contracted with the Delmarva Foundation, in partnership with Abt Associates, to: (1) analyze hospital data to develop appropriate indicators for inclusion in the Hospital Performance Evaluation Guide, and (2) design and execute a consumer-oriented website for the Guide. The initial version of the Hospital Performance Evaluation Guide was unveiled at a press conference on January 31st.
The web-based Evaluation Guide is also available through the Commission's website by following this link: http://hospitalguide.mhcc.state.md.us/.

The first iteration of the Hospital Guide features structural (descriptive) information and the frequency, risk-adjusted length-of-stay, and risk-adjusted readmissions rates for 36 high volume hospital procedures (diagnosis related groups or DRGs). Data for those facilities with less than 20 discharges per DRG in the reporting period are not presented. Readmission rates for circulatory system diseases and disorders are currently under review and will be released at a later date. A

workgroup met and discussed issues related to readmission rates for circulatory system diseases and disorders and analysis of the suggestions is currently underway.

Data collection for the two core measure sets (Congestive Heart Failure and Pneumonia) under the Joint Commission on the Accreditation of Healthcare Organization's (JCAHO) ORYX initiative will begin in May 2002. Data will be gathered on a pilot, or test, basis through June 2002. Data gathered between July and December 2002 will be made publicly available in the second iteration of the Hospital Guide in Spring 2003.

A separate guide is being developed for the ambulatory surgical facilities (ASFs). It is anticipated that the ASF Consumer Guide will be made public in the summer of 2002.

State-Level Survey of the Uninsured

A state-level survey of the uninsured has been developed by a team of staff from DHMH's Office of Planning, Development and Finance and Office of Public Health Assessment in coordination with Commission staff. The contract was awarded to the Gallup Organization, which had conducted a number of similar surveys in other states. Gallup's subcontractor, REDA International, began conducting interviews in Maryland on October 8th. Data collection, with a final total of 5,137 households, was completed on December 28, 2001. Gallup has provided the required tables and charts and staff is currently assessing the data.

Patient Safety

Chapter 318 (HB 1274) of 2001 requires the Commission, in consultation with DHMH, to study the feasibility of developing a system for reducing preventable adverse medical events. A Maryland Patient Safety Coalition was initiated by the Delmarva Foundation and, at this time, is serving as the Commission's sounding board for its activities related to patient safety. Three workgroups have now been formed: one to look at issues related to systemic changes to be recommended; one to address current regulatory oversight requirements; and a third to discuss issues related to a proposed Patient Safety Center.

The preliminary report, approved by the Commission at the December meeting, was sent to the General Assembly. One of the preliminary recommendations has been enacted by the General Assembly and signed by the Governor. That bill removes the medical review committee statute that applies to all health care practitioners from the BPQA statute, where it is currently codified, and places it in a separate subtitle within the Health Occupations Article to make practitioners more aware of the protections available to them. It also codifies case law to clarify that certain good faith communications designed to lead to remedial action are protected even when they are not made directly to a medical review committee or committee member, but are nevertheless designed to remedy a problem under the jurisdiction of a medical review committee.

HMO Quality and Performance

Distribution of 2001 HMO Publications

Cumulative distribution - beginning with release of each publication	**9/28/01- 4/30/02**		
	Paper	**Electronic Web**	
***Comparing the Quality of Maryland HMOs: 2001 Consumer Guide* (30,000 printed)**	**26,057**	**Interactive version**	**Visitor sessions = 1,298 Hits = 5,997**

		pdf version	**Hits = 23,889**
***2001 Comprehensive Performance Report: Commercial HMOs in Maryland* (700 printed)**	**687**	**Hits = 3,411**	
***Policy Report on Maryland Commercial HMOs: The Quality of Managed Care* (1,500 printed)**	**989**	**Hits = 1,625**	

HMO Publication Distribution by Category
Sept. 2001 – April 2002

Category	Consumer Guide 30,000 printed	Compre-hensive Report 700 printed	Policy Report 1,500 Printed
Public Libraries (includes depositories for government publications)	18,084	270	168
Academic Libraries/Graduate Programs	1,343	17	93
HMOs	1,970	68	11
Maryland consumers requests	238	13	4
Insurance Brokers	355	0	4
MD Legislators and Staff/State Agencies	716	74	465
Press Conference (includes media)	103	40	84
National Contacts / Requests	35	35	35
Physicians/health care providers	313	5	27
Unions / Large Employers / Organizations	1,850	11	28
MHCC Contractors	135	24	61
Small Businesses	15	0	2
Schools	50	0	0
Local Government	38	35	0
Not Specified	807	95	7
Cumulative Totals:	26,057	687	989
Publications Remaining	3,920	13	511

Distribution of Publications

Over the years, members of the Commission staff have seen declining demand for large quantities of HMO publications. While significant outreach efforts have been made to inform businesses and organizations about availability of paper and electronic versions of the *HMO Guide for Consumers* particularly, the number of copies being distributed is less each year. In some instances, cost and effort involved in providing employees with individual copies have been cited by companies that want no Guides or fewer than they have requested in years past. We have also noted that some businesses offer their employees insurance products other than HMOs, or fewer choices of HMOs, so the need to help employees compare information on various HMOs is not as common as it was once. This month, staff contacted several large businesses and organizations that have open enrollment in June and for which the Commission has historically provided large numbers of HMO Consumer Guides. In once instance, fewer than half the number of copies

requested in 2001 was requested this year. Increasing interest has been expressed in potential use of the Guide on company intranets, but whether or not companies follow through in posting the Guide is not knowable. In 2002, staff anticipates increasing emphasis on electronic dissemination of all HMO publications. Fewer printed copies of both the *HMO Guide for Consumers* and the *HMO Guide for State Employees* will be produced.

Performance Evaluation Guide Bookmark
HMO Division staff sent an announcement to representatives of the Maryland health plans telling them how they can obtain quantities of MHCC's new bookmark. The bookmark informs consumers that HMO, nursing home, and hospital performance evaluation guides are now available. We asked that the announcement and an electronic version of the bookmark be forwarded to discharge planners and those who disseminate information to plan members. The bookmark will be used as a give-away at health care delivery sites. It includes a short description of each of the three types of evaluation guides produced by the Commission and tells consumers how/where each guide can be found on the Internet. In the case of the HMO publications, it states that hard copies also are available from MHCC.

An article will be as printed in the upcoming newsletter of the Board of Physician Quality Assurance (BPQA) telling physicians and others that the Commission will provide quantities of the bookmark to physicians who would use them as handouts to patients who are interested in comparisons of managed care plans, nursing homes, and hospitals.

2002 Performance Reporting: Audit of HEDIS Data, CAHPS Survey, and National CAHPS Benchmarking Database (NCBD)
HMO Division staff reviewed portions of the baseline assessment tool (BAT) that each plan completes as part of the audit process and provided feedback to HealthcareData.com, our contractor for the HEDIS audit. This very long, comprehensive tool collects documentation of the effects that a plan's information management practices have on HEDIS reporting. MHCC staff had three objectives in reviewing the BAT: to determine the level of plan compliance in completing the BAT; to determine the degree of auditors' oversight in this mandatory part of the audit; and to determine if content of the BATs could contribute to any of the HMO publications. Staff did not discover data that might contribute to the HMO publications, but did learn that the degree of care and completeness in BATs is not consistent across all nine HMOs. We are engaged in an ongoing dialogue with our auditors and plan to involve the Maryland HMOs in efforts to improve the quality of information they provide.

The final, telephone, phase of the CAHPS survey of plan members ended at the close of April. Final rates of response won't be available until the end of May after data have been cleaned. Staff has prepared detailed instructions for Market Facts, our survey contractor, on content and organization of the reports of CAHPS results that will be sent this summer to each plan, NCQA, the federal Office of Personnel Management (for the four plans that provide health care to federal employees), and to MHCC. Final CAHPS results will be presented, along with clinical data, in the 2002 HMO publications.

Health plans were informed that in 2002 MHCC once again intends to submit CAHPS survey results to National CAHPS Benchmarking Database (NCBD) for plans that do not object. As is the case with data that are sent to NCQA, MHCC, and each plan, no personal identifiers will be included in the data files to be submitted to NCBD. Like the past two years, only Aetna has chosen not to have its results submitted to this voluntary survey database.

Performance Report Development Contract
The evaluation committee that reviewed proposals scored the proposal from the National Committee for Quality Assurance (NCQA) as most favorable to the state. The committee recommended unanimously that the contract for development HMO reports be awarded to NCQA.

MHCC staff attended the April 8th meeting of the Maryland Board of Public Works where final approval was granted on the contract for report development for the contract period 2002 - 2004, with an extension period of one additional year through May 31, 2005. HMO Division staff provided debriefings to two vendors that were not recommended for award of this contract. Staff has begun the process of editing text from the 2002 Guide for Consumers.

Other Activities
During April, various HMO Division staff attended the annual National Managed Health Care Congress, Maryland Patient Safety Coalition, and the monthly DHMH Health Policy Roundtable.

HEALTH RESOURCES

Certificate of Need

Staff issued nineteen determinations of coverage by Certificate of Need (CON) review during the past month. One of these involved the acquisition by MediSphere of Maryland, Inc. of a 40% ownership interest in SurgiCenter of Baltimore, in Northwest Baltimore County. In addition, three hospital projects received determinations that Certificate of Need was not required to undertake a capital expenditure, based upon the commitment of each to the Health Services Cost Review Commission HSCRC not to seek rate increases for debt related to the projects. These included a $3.65 million renovation and construction project proposed by Brook Lane Health, a private psychiatric hospital in Washington County; a $1 million renovation of inpatient and support space at Mt. Washington Pediatric Hospital in Baltimore City; and a proposal by Shady Grove Adventist Hospital to nearly double a previously-approved expenditure for inpatient operating rooms, cardiac catheterization labs, and the radiology department, for an updated cost of $4.13 million.

Also during the past month, staff issued determination of non-coverage letters for a total of nine actions related to changes in licensed bed capacity. Six of these actions were related to temporary bed delicensures at Maryland nursing homes, two proposed the permanent downsizing of unstaffed excess bed capacity at two state specialty hospitals, and one asked the Commission to authorize a waiver bed increase. Two of the six nursing homes sought new authorization to delicense beds; one facility asked that the Commission authorize its relicensure of 7 previously delicensed beds; and three facilities sought the Executive Director's approval of changes in their re-implementation plans and timetables. The two state facilities asked the Commission to authorize permanent downsizing, to reflect the actual staffing and budgetary levels at which they operate. Springfield Hospital Center in Sykesville will reduce its 600+ licensed beds by 80 beds, by closing two cottages, and the Western Maryland Center in Hagerstown will request the reduction of its licensed chronic care capacity by 63 special hospital-chronic beds, to reflect the 60 beds at which its chronic care service has operated since the former Maryland Health Resources Planning Commission approved a reconfiguration of its beds in the mid-1990s. Finally, Chesapeake Treatment Center, an RTC in Cambridge, Maryland, sought and received authorization to increase its 49-bed capacity by 5, for a total of 54 RTC beds.

Staff also issued two determinations of non-coverage by CON review related to office-based ambulatory surgical capacity: one to establish a non-sterile procedure room in an orthopedic surgery practice in Rockville, and another to establish a single operating room in a urology practice in Olney, also in Montgomery County.

Finally, staff issued four non-coverage determinations related to miscellaneous proposed actions: one seeking to establish a major radiology diagnostic center and another for a kidney dialysis center, services not regulated by the Commission for a decade or more; a notice from Sheppard Pratt Hospital that beds in a special longer-term residential program it has created will be licensed as assisted living and not psychiatric halfway house as originally planned; and a request from Washington County Hospital seeking confirmation that relocating units within the hospital, involving no or minimal cost for related renovation, had no CON implications.

Acute and Ambulatory Care Services

Staff attended a two-day invitational conference in Washington, D.C., sponsored by the National Association of Health Data Organizations, on the *Emerging Frontier for Public Health Information: State Emergency Department Databases*.

A joint staff meeting of the MHCC and the HSCRC was held on April 19, 2002. Issues of interest to both agencies discussed at this meeting include issues in hospital psychiatric services, specialized health care services, chronic hospital care, capital projects and rate increases considered or proposed by several hospitals.

An informal workgroup continues to meet to discuss collaboration on a survey of the capability of hospitals to increase their licensed bed capacity. The workgroup includes representatives of the Maryland Institute of Emergency Medical Services Systems (MIEMSS), the Office of Health Care Quality, the office of the Secretary of DHMH, and of this Commission. In meetings on March 22nd and May 9th, the group discussed content and procedural issues.

Long Term Care and Mental Health Services

Staff completed work on an Issue and Policy Brief focusing on hospice services, as part of the background work to update the hospice services component of the State Health Plan, for presentation at the May Commission meeting. This briefing document provides a definition of hospice services, background information on the supply and use of hospice services in Maryland, a comparison of how Maryland compares with the U.S., and an overview of key policy issues. Those key policy issues include: financing, reimbursement, and personnel; volunteers; pediatric hospice care; utilization by minorities; and, factors influencing the projection of future hospice need in Maryland. This briefing document was prepared with the assistance of a Work Group composed of representatives of the hospice industry. Further work on hospice services will be done to update the methodology projecting need for hospice services as well as the plan standards regulating hospice services.

On April 19, 2002, staff represented the Commission at the Worcester County Commission on Aging Conference entitled "Aging in Worcester County". On April 22, 2002, staff attended the Aging in Place Workgroup meeting directed by the Maryland Department of Aging. Issues discussed included affordable housing options for the elderly.

In collaboration with the University of Maryland School of Medicine, Department of Epidemiology and Preventive Medicine, the Commission submitted a Letter of Intent to the

Horizon Foundation for development of a model to predict utilization of long term care services in Howard County. The Horizon Foundation accepted the Letter of Intent and members of staff were invited to attend an evaluation workshop for organizations selected to submit a full proposal. This workshop was held on Friday, May 3rd. Staff worked with the Commission's Data Systems and Analysis Division staff to respond to a request for data from the Medicaid program on payment sources for those with Alzheimer's Disease and other dementias in nursing homes. Staff also responded to a request for information from a private consultant on nursing home inventories from 1995 to the present.

Staff convened a meeting on April 17, 2002 with representatives of DHMH, Mental Hygiene Administration, Maryland Hospital Association, HSCRC, and Baltimore Mental Health System to discuss the concept of subacute psychiatric services.

Specialized Health Care Services

The Advisory Committee on Outcome Assessment in Cardiovascular Care held its second meeting on April 17, 2002. Dr. Kenneth I. Shine, President of the Institute of Medicine, Professor of Medicine Emeritus at the University of California, Los Angeles (UCLA) School of Medicine, and Chairman of the New York State Cardiac Advisory Committee, discussed challenges in developing a cardiovascular quality improvement model for Maryland. His presentation focused on the experience of New York State in collecting, analyzing, and reporting data to identify problems and improve the outcomes of cardiovascular care. The next meeting of the Advisory Committee will be held on June 12, 2002, at 6:30 p.m. in Conference Room 110 at 4201 Patterson Avenue, Baltimore, Maryland. The subcommittees are expected to meet in the interim. Luis Mispireta, M.D., a cardiac surgeon at Union Memorial Hospital, has been appointed to chair the Quality Measurement and Data Reporting Subcommittee; and Eugene R. Passamani, M.D., a Cardiologist at Suburban Hospital, has been appointed to chair the Long Term Issues Subcommittee.

On April 22nd and 23rd, the Commission conducted site visits at the applicant hospitals in the Certificate of Need review for an open heart surgery program in the Metropolitan Washington region. Commissioner Larry Ginsburg, the Reviewer and Hearing Officer, will hold an evidentiary hearing in this review from June 10 through June 14, with June 19 and 20 reserved as back-up dates. The hearing will be held in Suite 453, Radisson Hotel at Cross Keys, 5100 Falls Road, Baltimore, Maryland. Pre-filed direct testimony is due on May 20, 2002. The formal record of this proceeding is available for review at the Commission's office. Procedural questions may be directed to Suellen Wideman, Assistant Attorney General; Joel Tornari, Assistant Attorney General; or Dolores Sands, Chief of Specialized Health Care Services.

Staff began collecting data on the utilization of bone marrow and stem cell transplant programs in the District of Columbia, Northern Virginia, and Maryland for the first quarter of 2002. There are nine reporting facilities. Washington Hospital Center consolidated its program with Georgetown University Hospital during 2001, and therefore no longer reports data. Programs are required to submit data by May 15, 2002. Staff has completed verifying the status of grandfathered transplant programs with regard to compliance with the volume and accreditation requirements of COMAR 10.24.15.